



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 04-10003-MEL	
DEFENDANT METALOR USA REFINING CORPORATION		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Christine Karjel, Financial Administrator		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) United States District Court, District of Massachusetts, 1 Courthouse Way, Suite 2300, Boston, MA 02210		
Send NOTICE OF SERVICE copy to Requester: SHELBEY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested.			
LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>Shelby D. Wright</i>		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date Feb. 6, 2004	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [] PERSONALLY SERVED, [] I HAVE LEGAL EVIDENCE OF SERVICE, [X] I HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service Please see Remarks below	Time of Service [] AM [] PM
Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer <i>Stephen P. Leonard 10/13/2004</i>			
REMARKS: The above referenced Order (copy) was served by certified mail return receipt requested. Certified mail number 70012510000343005247 Copy of signed Postal Receipt form attached.		U.S. Customs and Border Protection	

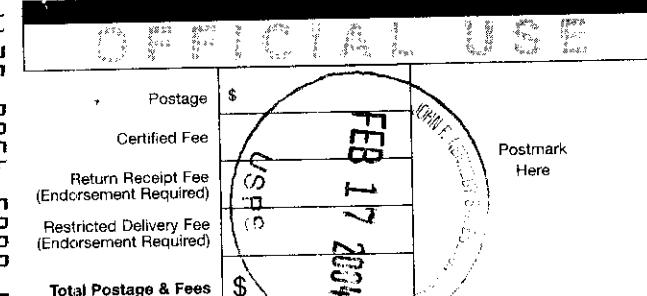
TD F 90-22.48 (6/96)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>CR No. 04-10003-MET.</p>		<p>A. Signature X Kim Abaid</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Christine Karjel</p> <p>On Date of Delivery 21/8/01</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Christine Karjel, Financial Admin. U.S. District Court 1 Courthouse Way Suite 2300 Boston, MA 02210</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article (Tran) 7001 2510 0003 4300 5247</p>			

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
		
5247 4300 0003 2510 7001	Postage	\$
	Certified Fee	<input type="checkbox"/>
	Return Receipt Fee (Endorsement Required)	<input type="checkbox"/>
	Restricted Delivery Fee (Endorsement Required)	<input type="checkbox"/>
	Total Postage & Fees	\$
Sent To: Christine Karjel, Financial Admin. Street, Apt. No. U.S. District Court or PO Box No. 1 Courthouse Way City, State, Zip Boston, MA 02210		Postmark Here
PS Form 3800, January 2001 See Reverse for Instructions		